

EXHIBIT A



POST OFFICE TO ADDRESSEE EJ4789626J7US

Tu-97-01

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS



Customer Copy

ORIGIN (POSTAL USE ONLY)		Day of Delivery		Flat Rate Envelope	
PO ZIP Code		<input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/>	
Date in Month	Day	Time in Year		Postage	
				\$	
Time in AM	PM	Military		Return Receipt Fee	
Weight		Int'l Alpha Country Code		COD Fee	
lbs.	ozs.			Insurance Fee	
No Delivery		Acceptance Clerk Initials		Total Postage & Fees	
<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday			\$	

CUSTOMER USE ONLY

W OF PAYMENT:

Express Mail Corporate Act. No.

Federal Agency Act. No. or Postal Service Act. No.

☐ WAIVER OF SIGNATURE (Domestic Only) Additional requirements: Insured items in value of \$500 or more require a signature of signature is required. When delivery is to be made with no signature of addressee or addressee's signature is required, delivery employee must deliver that article can be left in secure location and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY: ☐ Weekend ☐ Holiday

Customer Signature

FROM: PLEASE PRINT		PHONE	
R. DENNIS CREEHAN		617, 799-2632	
P.O. Box 750070			
BLINGTON HEIGHTS			
02475-0070			
TO: PLEASE PRINT		PHONE	
ASSISTANT COMMISSIONER			
FOR PATENTS			
WASHINGTON, DC 20231			



Label 11-B July 1997

OR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov

